

SCC eFile	2011 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212511888			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: Camp Meeting Ministries, Incorporated 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARY JOHN HALL 4234 ABRAM PENN HWY PO BOX 88 CRITZ, VA 24082 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PATRICK COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA </div> <div style="width: 35%; text-align: right;"> DUE DATE: 12/31/2011 SCC ID NO: 05321450 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center; margin-top: 10px;"> ADDRESS: 4234 ABRAM PENN HWY PO BOX 88 CITY/ST/ZIP: CRITZ, VA 24082 </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARY JOHN HALL TITLE: PRESIDENT ADDRESS: 4234 ABRAM PENN HWY PO BOX 88 CITY/ST/ZIP/CO: CRITZ, VA 24082 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARY JOHN HALL TITLE: PRESIDENT ADDRESS: 4234 ABRAM PENN HWY PO BOX 88 CITY/ST/ZIP/CO: CRITZ, VA 24082	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS L. WHORLEY DIRECTOR 6088 VIRGINIA AVE. BASSETT, VA 24055	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sandra Clifton TREASURER 220 Santa Claus Lane Stuart, VA 24171	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paige Cobbler DIRECTOR 413 Oakhurst Drive Stuart, VA 24171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kenneth Reynolds DIRECTOR 465 Roosevelt Reynolds Rd. Patrick Springs, VA 24133	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Annette Naff DIRECTOR 880 Lillian Naff Dr. Henry, VA 24102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Karen Charleen Shelton DIRECTOR 5001 Roberson Farm Rd. Kernersville, NC 27284	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Garland Clark Shelton DIRECTOR 5001 Roberson Farm Rd. Kernersville, NC 27284	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARY JOHN HALL		MARY JOHN HALL, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			